

Medicaid and/or AMP Status Verification Notice

For the Michigan Drug Assistance Program

This client has applied for the Drug Assistance Program (DAP) through the Michigan Department of Community Health (MDCH). Under federal guidelines, the DAP must be used as funds of last resort. As a result, each DAP applicant must apply for Medicaid or the Adult Medical Program or be in Medicaid deductible status. Please call the case manager named below with questions or contact the Drug Assistance Program at 1-888-826-6565.

The DAP requires a Medicaid or AMP pending, denied or be in Medicaid deductible (spend-down) status to initiate access to medications. .

Your collaboration with this process ensures this client to have better health options and is greatly appreciated by the DAP staff and the case managers who work with them. Your prompt completion of this form provides this client quick access to needed medications.

Client Name _____

Address _____

DHS specialist name _____

DHS specialist phone # _____

Application Status (please check the most appropriate response)

Medicaid _____pending _____approved _____denied

AMP _____pending _____approved _____denied

Deductible _____pending _____approved _____denied

Case # _____

Signature of DHS specialist _____

Date _____

Please return form via fax or mail to:

Case manager: _____

Address _____

Phone _____ Fax _____